



# RECONNAISSANCE INSPECTION

National Pollutant Discharge Elimination System Permitting Program  
Delaware Department of Natural Resources and Environmental Control  
Surface Water Discharges Section

Name and location of Facility Inspected <u>Pinnacle Foods</u>	Entry Time/Date <u>10:00 1-19-2010</u>	Facility Permit No. <u>DE 0000736</u>
Name of Facility Contact <u>Randy Spence</u>	Exit Time/Date <u>10:45</u>	
SCREENING DEVICE <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input type="checkbox"/> N/A <input type="checkbox"/> Not Inspected		
COMMUNITING DEVICE <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input type="checkbox"/> N/A <input type="checkbox"/> Not Inspected		
PRIMARY CLARIFIER <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Not Inspected		
SKIMMER: <input type="checkbox"/> Operating <input type="checkbox"/> Not Operating <input checked="" type="checkbox"/> N/A SCRAPER: <input type="checkbox"/> Operating <input type="checkbox"/> Not Operating <input checked="" type="checkbox"/> N/A		
AERATION TANK <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input type="checkbox"/> N/A <input type="checkbox"/> Not Inspected		
AERATORS OPERATING PROPERLY: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
ODORS: <input type="checkbox"/> None <input checked="" type="checkbox"/> Faint <input type="checkbox"/> Mild <input type="checkbox"/> Strong <input type="checkbox"/> Septic		
SECONDARY CLARIFIER <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input type="checkbox"/> N/A <input type="checkbox"/> Not Inspected		
SKIMMER: <input checked="" type="checkbox"/> Operating <input type="checkbox"/> Not Operating <input type="checkbox"/> N/A SCRAPER: <input checked="" type="checkbox"/> Operating <input type="checkbox"/> Not Operating <input type="checkbox"/> N/A		
DAF UNIT <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Not Inspected		
FILTRATION: Type <u>                    </u> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Not Inspected		
DISINFECTION PROCESS <input type="checkbox"/> Chlorine Gas <input type="checkbox"/> Hypochlorite <input checked="" type="checkbox"/> UV <input type="checkbox"/> Other <u>                    </u> <input type="checkbox"/> N/A		
SYSTEM OPERATION: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input type="checkbox"/> N/A <input type="checkbox"/> Not Inspected		
FLOW MEASUREMENT DEVICE <input checked="" type="checkbox"/> Parshall Flume <input type="checkbox"/> "V" Notch <input type="checkbox"/> Venturi <input type="checkbox"/> Other		
CONDITION: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input type="checkbox"/> N/A <input type="checkbox"/> Not Inspected		
DATE OF LAST CALIBRATION: <u>2009</u>		
DIGESTOR OPERATION <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not in Service <input type="checkbox"/> N/A <input type="checkbox"/> Not Inspected		
SOLIDS HANDLING (describe observations and process type) <u>Sand application</u>		
OUTFALL OBSERVATIONS <input checked="" type="checkbox"/> Wastewater <input type="checkbox"/> Storm Water <input checked="" type="checkbox"/> Good (Clear) <input type="checkbox"/> Fair (Slightly Cloudy) <input type="checkbox"/> Poor <input type="checkbox"/> No Discharge		
ODORS: <input checked="" type="checkbox"/> None <input type="checkbox"/> Faint <input type="checkbox"/> Mild <input type="checkbox"/> Strong <input type="checkbox"/> Septic OUTFALLS IDENTIFIED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
OVERALL APPEARANCE OF FACILITY <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
COMMENTS (describe problems observed, corrective actions required, necessary follow-up) <u>Delivered NOV to plant mgr. Randy Spence.</u>		
Inspector's Printed Name: <u>Aileen McCloskey</u>		
Inspector's Signature: <u>Aileen V. McCloskey</u>		Date: <u>1-19-2010</u>